



**Texas Department of Licensing and Regulation**  
PO Box 12157 • Austin, Texas 78711-2157  
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871  
www.tdlr.texas.gov • cs.massagetherapy@tdlr.texas.gov

## MESSAGE ESTABLISHMENT LICENSE RENEWAL APPLICATION INSTRUCTIONS

Complete this application and return it with the required non-refundable application fee. The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.

1. ESTABLISHMENT NAME – Full legal name of establishment.
2. DOING BUSINESS AS (DBA) NAME - Write the full DBA name for your business.
3. ESTABLISHMENT NUMBER – Enter your current license number.
4. EMAIL ADDRESS – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
5. ESTABLISHMENT PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
6. ESTABLISHMENT MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. ESTABLISHMENT PHYSICAL ADDRESS - Write the physical address of your facility. A post office box cannot be used for this address. Once your license has been issued, you can only change the business's physical address by applying for a new license.
8. CERTIFYING STATEMENT - Carefully read the statement before dating and signing your application.

**NOTE: The renewal application fee for a massage therapy establishment that is located at a massage school primary instructional location or approved additional location is \$100 (Fee Non-Refundable).**



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## MESSAGE ESTABLISHMENT LICENSE RENEWAL APPLICATION

DO NOT WRITE ABOVE THIS LINE

**RENEWAL FEE: \$200 (FEE IS NON-REFUNDABLE)**

**The renewal application fee for a massage therapy establishment that is located at a massage school primary instructional location or approved additional location is \$100 (Fee Non-Refundable)**

This completed form must be accompanied by the renewal fee.

1. Establishment name:

2. DBA Name: (if applicable)

3. Establishment License Number:

4. Email Address:

5. Establishment Phone Number:

Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information

Area Code Number

6. Business Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

City State Zip Code

7. Establishment Physical Address

(Number, Street Name/Apartment Number)

City State Zip Code

8. CERTIFYING STATEMENT

I certify that I have read and will comply with all applicable laws and rules of the Massage Therapy Program including Texas Occupations Code, Chapter 51 and 455; and administrative rules under 16 Texas Administrative Code, Chapters 60 and 117. I understand that providing false information on this application may result in denial of this application and/or revocation of the certification I am requesting and the possible imposition of administrative penalties.

Signature of Applicant

Date